



# AFFIDAVIT FOR USE BY FINANCIAL INSTITUTIONS FOR WARRANT REPLACEMENT

State Form 50712 (11-01)

Approved by State Board of Accounts, 2001

COMES NOW: \_\_\_\_\_ and duly sworn, deposes and says: That  
affiant is the holder in due course of an Auditor of State of Indiana warrant as described below.

WARRANT NUMBER: \_\_\_\_\_, IN THE AMOUNT OF

\$ \_\_\_\_\_ DATED: \_\_\_\_\_, AND MADE PAYABLE

TO \_\_\_\_\_ was lost or destroyed under

the following circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

The original payee of said warrant has no claim to the proceeds of said warrant.

The affiant has made no claim against any other person or corporation by reason of the loss of said warrant and no such claim will be made.

The affiant agrees to indemnify the State of Indiana against any loss that it may sustain by reason of the payment of the original warrant.

This affidavit is made for the sole purpose of inducing the Auditor of State's office to issue a duplicate of the aforementioned warrant, and cross endorse the same to the order of the undersigned.

AFFIANT'S ADDRESS \_\_\_\_\_

SIGNED \_\_\_\_\_,

TITLE \_\_\_\_\_.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public in and for said County and State the \_\_\_\_\_ day of

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires : \_\_\_\_\_. County of Residence: \_\_\_\_\_.